

**TESTIMONY OF
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BEFORE THE HOUSE HOMELAND SECURITY COMMITTEE
SUBCOMMITTEE ON MANAGEMENT, INTEGRATION AND OVERSIGHT
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Chairman Rogers, Ranking Member Meek, and Members of the Subcommittee. Thank you for the opportunity to be here with you this afternoon. I appreciate the opportunity to discuss the position of Chief Medical Officer (CMO) at the Department of Homeland Security (DHS or the Department) and the responsibilities of this new office.

Secretary Chertoff created the position of CMO in mid-July as part of the Second Stage Review process that he initiated at DHS. Prior to the Secretary's Second Stage Review, DHS had no centralized medical structure to coordinate medical preparedness activities inside DHS or with other Departments in the Administration. I joined DHS last month, and I am honored that Secretary Chertoff selected me to serve as the first CMO for the Department.

As the CMO, I serve as the principal advisor to the Secretary for medical issues within the Department. My goal is to provide the Secretary with the best possible advice on medical issues to help ensure that the best policy decisions are made. The DHS Medical Office is located within the new Preparedness Directorate, but my responsibility for medical issues stretches across the entire Department. I am also responsible for representing DHS when it comes to coordinating medical issues with other Departments in the executive branch and the Homeland Security Council.

As we have all seen in the aftermath of catastrophic events -- whether natural or as a result of a terrorist incident -- there will be significant medical issues for DHS that arise and must be addressed. Secretary Chertoff believes that a comprehensive approach to preparedness must include coordinated and highly skilled medical support. This preparation includes full engagement with other Federal agencies, state and local authorities, associations of medical professionals, hospitals, and other stakeholders that also deal with the medical consequences of natural disasters or terrorist attacks. It is our Nation's local assets -- first-responders, emergency departments, and trauma centers and local practitioners -- that represent the front lines for the health and security of our Nation.

Since I arrived last month, I have been focusing on preparation for the likelihood of an avian influenza pandemic. This is a public health and medical issue that many of us, both in and out of government, believe could have devastating effects in the United States and around the world. In this regard, I have been working very closely with my colleagues at the Department of Health and Human Services (HHS), the U.S.

Department of Agriculture, and the Homeland Security Council to plan for the government's response to contain this disease and protect our Nation's critical infrastructure.

Secretary Chertoff has charged our Office with filling gaps in the Department's medical readiness, and we are actively working to develop a strategic plan for doing so. Under the Second Stage Review, the DHS Medical Office is located in the Preparedness Directorate, and the CMO reports to the Undersecretary for Preparedness. There is also a direct reporting relationship between the Chief Medical Officer and the Secretary and Deputy Secretary to provide direct and unfiltered medical advice and consultation. Central to our mission is to support the Secretary's and the Department's incident management needs. I have the obligation to provide sound medical advice and policy counsel to help define and mitigate risk. My team will not replicate the deep knowledge base and operational role of other Federal departments, but I will help the Secretary and his team access timely and complete medical data to help drive core incident management decisions.

To accomplish our mission, we will need talented, highly skilled leaders. Under the Chief Medical Officer, we anticipate a Deputy Chief Medical Officer with the appropriate doctoral degree in medicine and expertise at the state and local level in emergency management, public health, and other relevant skills. Reporting to the CMO and the Deputy CMO will be Associate Chief Medical Officers for science and policy, medical preparedness, operations and response, and mission support. Let me address each of these needs separately.

Rather than responding crisis-to-crisis, the DHS Medical Office needs to be a data-driven, science-based organization that brings cutting-edge science, technology, and intelligence to bear on the Department's policy-making. We anticipate that this function will be overseen by the Associate Chief Medical Officer for Science and Policy. Sound science-based policy will provide the doctrine from which we coordinate our activities with other agencies such as HHS, The Department of Agriculture and the Department of Defense (DoD), interact with other stakeholders, and bring together resources within the Department. How we set our strategic plan, goals, and objectives will determine our success in carrying out our mission, and will also drive future budget requests.

For the last four years, I have run the National Highway Traffic Safety Administration as its Administrator, and I believe the Nation has reaped the benefits of having its highway safety programs completely data driven, its budget directed by programs that have proven to be effective -- even to the exclusion of good ideas that have no basis in the data. I intend to run the DHS Medical Office based on the best information from the service elements of DHS, including our Science and Technology and Information Analysis Directorates. We also have strong interdepartmental alliances with the DOD, HHS and the intelligence community. It is vital that our preparedness, operations and response, and mission support functions carry out Secretary Chertoff's vision for threat-

based programs and countermeasures, which can only be done through the integration of these various knowledge bases.

Our Associate Chief Medical Officer for Preparedness will be responsible for policy driven initiatives to ensure that the Nation and its critical infrastructures are medically prepared for catastrophic events, whether man-made or natural in origin. The Second Stage Review process has given us access to all the important elements of preparedness necessary to carry out this function. Full integration with the other offices in the Preparedness -- Infrastructure Protection, the training assets of the U.S. Fire Administration, the relationships of the Office of State and Local Preparedness, and the financial assets of the Metropolitan Medical Response System – will allow our “Preparedness Board of Directors” to leverage resources and strategically apply programs and planning to meet our medical readiness needs. The Associate Chief Medical Officer for Preparedness will also be charged with examining *medically-related* grants and contracts from DHS to state and local governments and the private sector to ensure these resources are used strategically. Some of these grants and contracts are currently outside of the Preparedness Directorate, but the cross-cutting nature of my position dictates that this intradepartmental coordination takes place.

For the last month I have been meeting with representatives of many organizations in our Nation that are key players in our medical preparedness. I have been asking for “to do lists” from organizations that will be our key partners for us in the future, including the Association of State Health Directors, the American College of Emergency Physicians, the American Hospital Association, the American Ambulance Association, and the Federation of State Licensing Boards. Our Department has many customers and stakeholders, and I intend to make sure that our partners understand that they have a vital role to play in national medical preparedness. The Medical Office will work very closely with state and local governments to help support their medical preparedness.

The Associate Chief Medical Officer for Operations and Response will help ensure that assets are in place to support medical response under the National Response Plan. This part of our operation requires close collaboration with our Federal partners, most notably HHS. Our goal is to ensure that our assets are aligned to support Emergency Support Function 8 under the National Response Plan, the Interagency Incident Management Group, and the command centers of both Homeland Security and HHS. This office will also support the DHS Continuity of Operations (COOP) function when medical advice and consultation are needed. We are now receiving comments from our stakeholders about the best way to approach this operations-and-response function, and our goal is to make it a fully coordinated effort. We believe that the Secretary needs a medical response element under his control to ensure a medical support function for the Nation. It is clear that state and local medical resources make up the “front lines” of national medical response, and they must be fully integrated into preparedness planning.

The fourth element of our mission in the Medical Office is to support the mission of the Department in terms of its most valuable assets—its workforce. As the various operating elements of DHS were put together two years ago, they brought with them existing legacy workforce protection and occupational health programs. Some operating elements, such as the Coast Guard, have very sophisticated programs with a long legacy of workforce safety and security programs. Others have none at all or rely on contracted entities to provide some preventive health care. I believe that our Nation will only be secure if those who are entrusted with its security are likewise cared for. We will recruit an Associate Chief Medical Officer for Mission Support to ensure that every agency and directorate in the Department has appropriate workforce protection, protocols, and resources in place whether they are protecting our Nation's borders, ensuring that our airlines are secure, or engaged in critical planning activities. We also intend, through this office, to build a network of all DHS medical assets to ensure that they are likewise supported with training and education, and that we have access to the various specialized skills available from the medical workforce within DHS.

In conclusion, Mr. Chairman, although we have a strong vision of what we would like to accomplish through our Office, we are in the very early stages of trying to realize that vision. We look forward to working with the Committee to incorporate your suggestions and advice into how we can better serve our Nation. I am confident that with my experience as a clinician, researcher, and as a Federal manager, my team and I can bring this vision into reality if we have the necessary support to do so. Our support from senior management in the Department has been excellent, and I look forward to working with you closely to ensure similar support from our leaders in the Congress.

Thank you, again, for this opportunity to introduce my office to you and your colleagues.